

# Performance Management

**Optimizing CV Physician-  
Hospital Collaboration to  
Improve Performance**

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Executive Summary

# Optimizing CV Physician-Hospital Collaboration to Improve Performance 2008

Cost containment initiatives, declining reimbursement and the imperative to achieve quality outcomes provide significant challenges for leaders of cardiovascular (CV) service lines. Despite their differences with hospitals, physicians are facing many of the same obstacles. It is possible to confront these challenges in a mutually beneficial way.

Financial arrangements may be necessary to achieve full collaboration, but hospitals often overlook an equally important component to building collaborative relationships—proactive physician engagement. A sustainable relationship is built when a CV leader successfully engages physicians in key initiatives and makes a lasting, positive change. Strong relationships help accelerate program development, provide a foundation for a collaborative work environment and support the long-term financial success of both hospitals and physicians.

*Optimizing CV Physician-Hospital Collaboration to Improve Performance 2008* is an actionable guide for CV service line leaders to build stronger relationships with physicians. Key tools are provided to help CV leaders determine with whom to collaborate, on what projects to engage physicians and how to lead an initiative with physicians and simultaneously build the physician-hospital relationship.

## Factors Driving Physician-Hospital Collaboration

- Operational performance
  - Declining reimbursements are forcing both hospitals and physicians to achieve greater efficiency to maintain revenue flows.
- Financial performance
  - The Centers for Medicare & Medicaid Services is exploring bundled payments, which will emphasize integration by paying for inpatient, post-acute and physicians’ services in one lump sum.
  - Staff alignment with institutional goals is being stressed by the Recovery Audit Contractor program, which underscores the need for accurate documentation by all staff.
- Clinical outcomes and quality performance
  - Physicians ultimately drive quality but rely on the hospital to put the appropriate structure in place.
  - Both physicians and hospitals need to meet increasing demands for transparency and accountability.
- Market performance
  - Hospitals and physicians are mutually dependent on one another for success in the market.
  - CV services is a mature market; patients will seek more convenient care.

## Steps to Collaborate With Physicians and Build Stronger Relationships

- Identify key physicians.
- List key initiatives.
- Identify physician perspectives.
- Describe the initiative from all perspectives.
- Select team members and kick off project.
- Develop a project timeline with major milestones.
- Establish baseline data.
- Evaluate progress and anticipate roadblocks.
- Communicate project results and next steps.
- Track metrics to ensure long-term success.

# How to Use This Workbook

This workbook is designed for CV service line leaders responsible for building and improving relationships with physicians. Sg2 resources that can be used in tandem with this workbook discuss financial arrangements and strategies to solidify physician alignment; this publication supplements these resources by serving as a guide to the “softer side” of alignment (ie, physician engagement and relationship building).

## ■ Individuals and Organizations That Should Use This Workbook

- CV service line leaders
- Hospital leadership/administration charged with improving alignment with CV physicians
- Hospitals with poor physician-hospital collaboration that seek to build successful relationships with physicians
- Hospitals with successful working relationships with physicians that wish to move beyond one-to-one relationships to a culture of collaboration

## ■ Workbook Goals

- To introduce factors driving the need for closer physician-hospital ties
- To discuss characteristics of successful collaborative environments and ways to ensure an open and honest communication flow within the service line
- To provide tools to help CV service line leaders identify and engage key physicians
- To guide CV leaders through a step-by-step process that allows stronger relationship building with physicians during a performance improvement initiative

## ■ Workbook Structure

To build long-term alignment with physicians, service line managers must show that they can successfully effect a positive change in the CV program. The process to enact this change must be predictable, consistent and transparent to all participants. This allows managers to not only run a successful project, but also build lasting relationships with physicians and other team members.

Phases	Pre-Project	Project Collaboration		Post-Project
<b>Steps</b>	<ol style="list-style-type: none"> <li>1. Identify key physicians.</li> <li>2. List key initiatives.</li> <li>3. Identify physician perspectives.</li> <li>4. Describe the initiative from all perspectives.</li> </ol>	<ol style="list-style-type: none"> <li>5. Select team members and kick off project.</li> <li>6. Develop a project timeline with major milestones.</li> <li>7. Establish baseline data.</li> </ol>	<ol style="list-style-type: none"> <li>8. Evaluate progress and anticipate roadblocks.</li> <li>9. Communicate project results and next steps.</li> </ol>	<ol style="list-style-type: none"> <li>10. Track metrics to ensure long-term success.</li> </ol>
<b>Communication and Documentation</b>				

# Long-Term Alignment Requires a Collaborative Culture

Financial arrangements are often used to align hospitals and physicians with performance initiatives, but they are not enough to guarantee full alignment. This workbook focuses on an often missing, but equally important, component for promoting alignment—proactive physician engagement and relationship building.

## ■ Collaboration Builds Durable Relationships

Achieving long-term success requires moving beyond one-to-one relationships to a culture of collaboration. A number of factors are necessary to create this culture and build long-lasting relationships.

### Factors Influencing Physician-Hospital Collaboration

Factors	Characteristics of Successful Collaborative Environments
<b>Transparent Environment</b>	<ul style="list-style-type: none"> <li>■ History of collaboration (not necessary but a big advantage)</li> <li>■ Favorable political and social climate within the organization</li> <li>■ Realistic expectations and understanding of challenges</li> </ul>
<b>Collegial Relationship</b>	<ul style="list-style-type: none"> <li>■ Representation from key groups that have mutual respect, understanding and trust for one another</li> <li>■ Understanding of the benefits of collaboration</li> <li>■ Willingness to compromise</li> </ul>
<b>Process and Structure</b>	<ul style="list-style-type: none"> <li>■ Clearly defined roles within a somewhat flexible structure</li> </ul>
<b>Ongoing Communication</b>	<ul style="list-style-type: none"> <li>■ Clear and open lines of communication</li> </ul>
<b>Defined Purpose</b>	<ul style="list-style-type: none"> <li>■ Clear, shared vision with attainable goals</li> </ul>
<b>Availability of Resources</b>	<ul style="list-style-type: none"> <li>■ Sufficient resources (eg, staff, money, time)</li> <li>■ Skilled leadership</li> </ul>

## ■ Collaboration Requires Recognition of Different Points of View

Strong physician-hospital ties are desirable, but they may be difficult to achieve. Physicians and managers have different perspectives on key factors influencing collaboration.

### Attributes of CV Physicians vs Service Line Managers

CV Physicians	Service Line Managers
<ul style="list-style-type: none"> <li>■ Doers</li> <li>■ One-to-one interactions</li> <li>■ Reactive philosophy</li> <li>■ Accustomed to quick gratification</li> <li>■ Deciders</li> <li>■ Autonomy valued</li> <li>■ Independent</li> <li>■ Patient advocates</li> <li>■ Identification with profession</li> </ul>	<ul style="list-style-type: none"> <li>■ Planners and designers</li> <li>■ One-to-many interactions</li> <li>■ Proactive philosophy</li> <li>■ Delayed gratification accepted</li> <li>■ Delegators</li> <li>■ Collaboration valued</li> <li>■ Participative</li> <li>■ Organization/population advocates</li> <li>■ Identification with organization</li> </ul>

Sources: Guthrie MB. *Front Health Serv Manage* 1999;15:3–26; Gill S. Managing the transition from clinician to manager and leader. In: LeTourneau B and Curry W, eds. *In Search of Physician Leadership*. Health Administration Press: 1998:83–98; Mattessich PW et al. *Collaboration: What Makes It Work*. 2nd ed. Fieldstone Alliance: 2004.

# Communication Is Key

Communication is the most important factor in building effective alignment, but you cannot be in constant communication with all physicians and staff members. As the service line leader, you will be in direct, regular contact with some of these individuals, but you will also need to rely on others in the service line. Regardless of the communication level, stay aware of each individual’s concerns by limiting yourself to no more than 2 degrees of separation from anyone interacting with the CV service line.

## ■ Service Line Leaders Must Support Open Communication

Many communication traps can befall service line leaders. Set a precedent for CV service line staff to follow appropriate processes. To ensure trust, do not punish anyone for reporting negative outcomes. Stay aware of potential traps, work to avoid them and support open communication to build alignment.

### Common Communication Traps in the CV Service Line

Communication Traps	Description
<b>Lack of Direct Communication</b>	<ul style="list-style-type: none"> <li>■ Communication takes place, but often not directly with the service line leader.</li> </ul>
<b>Lack of Trust</b>	<ul style="list-style-type: none"> <li>■ Information is not always shared freely with the service line leader.                             <ul style="list-style-type: none"> <li>– Someone else dominates the lines of communication.</li> <li>– The service line leader betrayed an individual’s trust in the past.</li> <li>– The service line leader does not acknowledge, or is not aware of, past history that impacts relationships within the service line.</li> </ul> </li> </ul>
<b>Lack of Action</b>	<ul style="list-style-type: none"> <li>■ Individuals feel that communication is pointless because it has never resulted in successful change.</li> </ul>
<b>Lack of Engagement</b>	<ul style="list-style-type: none"> <li>■ Despite his/her efforts, the service line manager has not been able to forge meaningful relationships.</li> </ul>
<b>Differing Viewpoints</b>	<ul style="list-style-type: none"> <li>■ Physicians and managers have different unresolved points of view.</li> </ul>
<b>One-Way Communication</b>	<ul style="list-style-type: none"> <li>■ Information is communicated to the physicians and staff without any physician or staff input.</li> <li>■ The physicians and staff communicate to the service line manager but do not receive any follow-up.</li> </ul>

### ▶ Exercise: Assess Current Lines of Communication to Identify Your Communication Traps

Consider your current CV physicians. Who would each turn to with concerns about a clinical process? What about a business process?

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Which communication traps has your service line fallen into?

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What level of communication is necessary with each of your physicians and staff members to maintain an environment of open communication?

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# Understand Physicians’ Unique Wants and Needs

Building alignment with physicians will require different combinations of incentives and support. Understand and address their wants and needs to build momentum for organizational and cultural change.

## ■ Wants and Needs Are Not All the Same

### ► Exercise: Consider Typical Physician “Wants”

Physician Wants	Description
<b>Ability to Achieve Positive Outcomes</b>	<ul style="list-style-type: none"> <li>■ Patient outcomes                             <ul style="list-style-type: none"> <li>– Appropriate equipment and support staff are needed to achieve positive patient outcomes.</li> </ul> </li> <li>■ Financial outcomes                             <ul style="list-style-type: none"> <li>– Efficient operations are needed to maximize use of physicians’ time.</li> </ul> </li> </ul>
<b>Ease of Entry/Use of Institutional Facilities</b>	<ul style="list-style-type: none"> <li>■ Time in the lab/operating room</li> <li>■ Facility and staff capacity</li> <li>■ Favorable contracts with key health plans</li> </ul>
<b>Trustworthy Data</b>	<ul style="list-style-type: none"> <li>■ Reliable data to make program improvements</li> </ul>
<b>Creature Comforts</b>	<ul style="list-style-type: none"> <li>■ Lockers, parking and food to make hospital time more comfortable</li> </ul>
<b>Other</b>	<ul style="list-style-type: none"> <li>■ Anything unique at your institution?</li> </ul>

### ► Exercise: Consider Typical Physician Needs

The degree to which actions can be matched to the needs of others determines the rate of change that can be made. Successful communication requires understanding the reason for your physicians’ concerns. Below are some ways to help determine actions to address different physicians’ personal needs.

Personal Needs	Characteristics	What Are They Looking for?	List Your Applicable Physicians
<b>Power</b>	<ul style="list-style-type: none"> <li>■ Prefer to have control</li> </ul>	<ul style="list-style-type: none"> <li>■ Perception that they are driving the process</li> </ul>	
<b>Achievement</b>	<ul style="list-style-type: none"> <li>■ Seek to excel</li> <li>■ Are “high achievers”</li> </ul>	<ul style="list-style-type: none"> <li>■ Metrics</li> <li>■ Speed</li> </ul>	
<b>Recognition</b>	<ul style="list-style-type: none"> <li>■ Seek internal visibility</li> </ul>	<ul style="list-style-type: none"> <li>■ Incentives</li> </ul>	
<b>Order</b>	<ul style="list-style-type: none"> <li>■ Need structure</li> </ul>	<ul style="list-style-type: none"> <li>■ Defined work plans</li> <li>■ Metrics</li> </ul>	
<b>Safety</b>	<ul style="list-style-type: none"> <li>■ Avoid high-risk situations</li> </ul>	<ul style="list-style-type: none"> <li>■ Contingency plans</li> <li>■ Good reason for investing</li> </ul>	
<b>Affiliation</b>	<ul style="list-style-type: none"> <li>■ Want harmonious relationships</li> </ul>	<ul style="list-style-type: none"> <li>■ Team goals</li> <li>■ Opportunities for everyone involved</li> </ul>	

Knowing and understanding physician wants and needs can be a basis for more effective conversation, as it allows you to tailor your conversation and alignment approach with various physicians. Think about how you might engage the physicians listed above in a conversation about collaboration with the hospital.

Pre-Project

# Step 1: Identify Key Physicians

To create a collaborative environment you must engage your physicians. CV service line managers are in the best position to foster alignment with cardiologists, electrophysiologists, cardiac surgeons and vascular surgeons. The more engaged the physicians are in the overall objectives of the service line, the easier it will be to achieve a high level of service line performance.

## ■ Assess Your Active CV Medical Staff

The first step in building a strong relationship with your physicians is determining on whom to focus your energy. Service line leaders should engage the following types of physicians:

- High-volume practitioners
- High-revenue generators
- Team players
- Staff members focused on quality
- Individuals dedicated to your institution

Ideally, everyone on staff would possess all these qualities, but not all physicians are necessarily dedicated to your hospital. A service line leader may or may not want to spend time engaging physicians depending on the potential impact. While multiple dedicated physicians may be a huge gain for the service line, it is wise not to share too much strategic information with a physician dedicated to another hospital.

## ► Exercise: Define Physician Engagement Characteristics

Measure	Sg2 Definition	Your Definition
<b>High-Volume Impact</b>	<ul style="list-style-type: none"> <li>■ Qualifies among top 25% of CV physicians by volume</li> </ul>	
<b>High-Revenue Impact</b>	<ul style="list-style-type: none"> <li>■ Qualifies among top 25% of CV physicians by revenue</li> </ul>	
<b>Team Focus</b>	<ul style="list-style-type: none"> <li>■ Comes to central source with issues</li> <li>■ Proposes ways to deal with problems or opportunities</li> <li>■ Helps others improve</li> </ul>	
<b>Participation in Quality Initiatives</b>	<ul style="list-style-type: none"> <li>■ Leads or attends morbidity/mortality, cardiac catheterization or other clinical conferences</li> <li>■ Proposes ways to address quality improvement</li> </ul>	
<b>Financial Alignment</b>	<ul style="list-style-type: none"> <li>■ Is aligned with the hospital through a financial arrangement</li> </ul>	
<b>Historic Barriers</b>	<ul style="list-style-type: none"> <li>■ Had previous failed initiatives</li> <li>■ Had prior confrontations with administration or other physicians</li> <li>■ Experienced prior lack of support</li> </ul>	



Pre-Project

## Step 2: List Key Initiatives

Before engaging physicians, consider the strategic priorities of the CV service line and develop a list of potential initiatives in which physician involvement is needed. Do not consider this to be a full list. When you engage physicians in step 3, they may have additional insights, but it is helpful to have your own list to get the conversation started.

### ■ Keep Focus on the Service Line’s Strategic Priorities

List the top 5 strategic priorities for your CV service line.

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### ■ Determine the Potential Impact of Each Initiative

With your strategic priorities in mind, brainstorm about a range of initiatives that require physician involvement. List the key issues in the left-hand column and place a check mark in any of the appropriate remaining columns to help understand the impact of each initiative.

Key Initiative	Does the Initiative...				
	Affect Quality of Care?	Affect the Patient Experience?	Enhance the Hospital’s Reputation?	Address Strategic Priorities?	Improve Alignment or Engage Key Physicians?
<b>Example: door-to-balloon time</b>	✓	✓	✓	✓	✓

Several examples of projects that programs have successfully undertaken include improving door-to-balloon (DTB) time, reducing implant costs and defining the coronary computed tomography angiography reading scenario. A DTB project from Sg2U Hospital is used as an example in the remaining steps to provide the reader with a framework for completing the exercises.

**Sg2 Insight:** Start by building relationships around a manageable, but impactful, project and then move on to larger ones. After gaining some initial success, larger projects can be tackled.

Pre-Project

## Step 3: Identify Physician Perspectives

Engage your physicians to prioritize the initiatives identified in step 2. In one-on-one conversations, also get their input on additional initiatives to better understand the biggest challenges they face. Use your physicians' input, along with the table from step 1 (page 7), to select the top initiative to tackle.

### ■ Consider Conversation Starters to Prioritize Initiatives and Identify Challenges

Of the potential initiatives identified, which will impact care delivery the most and why? Which will impact you the most and why?

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Do you have suggestions for additional potential initiatives? How can these impact the service line?

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How can the hospital better meet your needs? Think beyond monetary issues.

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What opportunities do you see to improve care delivery?

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What are the biggest challenges to providing desired services at your organization?

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About which aspects of your current practice are you most enthusiastic?

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**Sg2 Insight:** When engaging physicians, there are several key strategies for avoiding common mistakes.

- Involve physicians early in the process.
- Share data with all stakeholders and update them throughout the process.
- Adhere to a strict timeline and be transparent with the process.
- Do not digress to politics.
- Take time to review and understand data sources.

Name your top initiative: \_\_\_\_\_

Pre-Project

## Step 4: Describe the Initiative From All Perspectives

After identifying the top priority, delve into specifics to fully understand the project’s details. Early in the process, involve all affected parties, including administrators, nursing staff and physicians. A smaller group may later be selected for this project, but start by getting everyone’s perspective.

### ■ Complete a Pre-Project Assessment

Sg2U Hospital, a 350-bed Midwest hospital, decided to undertake a DTB project and used a pre-project assessment to fully comprehend the baseline situation. The assessment improved everyone’s understanding of the situation and motivated the group to rally behind the DTB initiative.

#### Example: Pre-Project Assessment for a DTB Project

Item	Related Factors
<b>Situation Description</b>	<ul style="list-style-type: none"> <li>■ Unacceptably long DTB times</li> </ul>
<b>Impact of Problem</b>	<ul style="list-style-type: none"> <li>■ Higher risk of poor patient outcomes and poor quality scores, which could cause a shift in overall CV referral patterns</li> </ul>
<b>Who/What Is Affected by Problem</b>	<ul style="list-style-type: none"> <li>■ Patients</li> <li>■ Hospital/physician reputation</li> </ul>
<b>Desired Outcome</b>	<ul style="list-style-type: none"> <li>■ Reduction in DTB times to ≤90 minutes</li> </ul>
<b>Value/Benefit</b>	<ul style="list-style-type: none"> <li>■ Improved patient outcomes, quality and reputation</li> <li>■ Stabilized or increased CV referrals/revenue</li> </ul>
<b>Strategic Fit</b>	<ul style="list-style-type: none"> <li>■ Pursuit of high-quality care consistent with mission and overall strategy</li> </ul>
<b>Unknowns/ Assumptions</b>	<ul style="list-style-type: none"> <li>■ Implication that lengthy DTB times are a widespread problem</li> </ul>
<b>Constraints</b>	<ul style="list-style-type: none"> <li>■ Six-month time constraint for improved DTB times</li> <li>■ Budgetary constraints severely limiting amount of allocated funds</li> </ul>

### ▶ Exercise: Complete a Pre-Project Assessment for Your Project

Item	Related Factors
<b>Situation Description</b>	
<b>Impact of Problem</b>	
<b>Who/What Is Affected by Problem</b>	
<b>Desired Outcome</b>	
<b>Value/Benefit</b>	
<b>Strategic Fit</b>	
<b>Unknowns/ Assumptions</b>	
<b>Constraints</b>	

Sources: Heerkens GR. *Project Management*. McGraw-Hill: 2002; Sg2 Analysis, 2008.

Project Collaboration

## Step 5: Select Team Members and Kick Off Project

After all staff members impacted by the problem have been given the chance to voice their opinions, pick a working group for the project. This group will need to regularly update and get feedback from those members who are not as actively involved. The team setting provides an opportunity to build rapport. Physicians will have more confidence in their administrators after working on a well-run project together.

### ■ Screen Candidates for Your Team

A wide range of perspectives are often needed to successfully complete a project. At Sg2U Hospital, representatives from cardiology, the emergency department (ED), emergency medical services (EMS), senior management and quality and case management were identified for the DTB project.

First, identify the types of people that need to be on the team, and then select team members. Choose team members carefully, because they ultimately impact the overall success of the project. Use the following questionnaire to help screen candidates.

Does the candidate:

- Have the knowledge and skills to do the job (eg, clinical knowledge, problem-solving skills, interpersonal skills)?
- Believe in the project goals and enthusiastically support them?
- Have enough time to devote to the project?
- Work well with all potential team members?
- Regard participation as important rather than an intrusion on his/her “real job”?

### ■ Successful Organizations Identify Project-Specific Physician Champions

Clearly expressing a case for change is not enough. The initiative needs a physician champion.

#### Attributes of Physician Champions

Attribute	Description	List Your Applicable Physicians From Page 7
<b>Clinical Credibility</b>	<ul style="list-style-type: none"> <li>■ Demonstrates outstanding clinical knowledge and skills</li> </ul>	
<b>Courage and Personal Commitment</b>	<ul style="list-style-type: none"> <li>■ Fully commits to the process of system improvement</li> <li>■ Shows willingness to transition from individual contributor to agent of change</li> </ul>	
<b>Mastery of Improvement Behaviors and Skills</b>	<ul style="list-style-type: none"> <li>■ Reveals a natural affinity for teaching, clear communication, negotiation and/or consensus building</li> <li>■ Works well in a team</li> </ul>	
<b>Emotional Maturity and Intelligence</b>	<ul style="list-style-type: none"> <li>■ Leverages professional relationships to access resources to achieve change</li> <li>■ Participates in key committees and volunteers for projects</li> </ul>	

Sources: Heerkens GR. *Project Management*. McGraw-Hill: 2002; Sg2 Analysis, 2008.

Project Collaboration

# Step 5: Select Team Members and Kick Off Project (Cont'd)

Hold a kickoff meeting to correctly start the initiative. Without it, you risk delaying the project and damaging your relationship with the physicians and team.

## ■ Build a Team With Good Communication

The kickoff meeting starts the team-building process. During this meeting, review the problem and define roles and expectations with each team member. Here are several team-building tips to keep in mind throughout the project.

- Make sure that each team member completely understands and accepts the project goals.
- Define the expectations of each team member in writing.
- Determine the best method of communication to keep all team members fully informed.
- Meet regularly to keep the lines of communication open and the project momentum going.
- Build trust with each team member by spending one-on-one time during which each can express opinions openly and honestly.
- Set dates and times for meetings well in advance to get maximum participation.

## ■ Define Expectations for Each Team Member

During the kickoff meeting, the group from Sg2U Hospital agreed upon individual roles and responsibilities. This ensured that there would be no confusion about expectations later in the process.

Example: Team Member Expectations for DTB Project

Representative	Expectation
Cardiology	<ul style="list-style-type: none"> <li>■ Provides perspective on acute myocardial infarction (MI) care and works with colleagues to ensure prompt response to calls</li> </ul>
ED	<ul style="list-style-type: none"> <li>■ Sets up protocols to get early electrocardiogram (ECG) with any chest pain or “equivalent” symptoms</li> </ul>
EMS	<ul style="list-style-type: none"> <li>■ Works to identify STEMI/other MI patients en route to hospital</li> </ul>
Senior Management	<ul style="list-style-type: none"> <li>■ Facilitates easy and rapid lab staff and physician response</li> </ul>
Quality Management	<ul style="list-style-type: none"> <li>■ Continues monitoring results and ensures follow-up care as appropriate</li> </ul>
Case Management	<ul style="list-style-type: none"> <li>■ Removes financial barriers to patients receiving rapid responses</li> </ul>

## ▶ Exercise: Define Expectations for Each Team Member for Your Project

Representative	Expectation

STEMI = ST-elevation myocardial infarction.

Project Collaboration

# Step 6: Develop a Project Timeline With Major Milestones

Plan the project timeline with major milestones to ensure that the project runs smoothly. The exact dates and times may need to be worked out based upon the availability of the group, but those involved will quickly lose motivation if a strict timeline is not laid out and followed.

## ■ Create a Project Timeline

The timeline for the DTB project at Sg2U Hospital is presented below. Phases of the project were clearly defined as were team meetings. The service line manager knew that the current DTB process was ingrained in the physicians and staff. To fully break past habits, he planned an 8-week implementation process and 3 team meetings during this phase to monitor progress.

Example: Timeline for Reducing DTB Time at Sg2U Hospital

★ = Team Meeting With Working Group

	Week																	
Project Task	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18
Project Kickoff	★																	
Phase I: Current State Assessment		★																
Phase II: Rollout of Findings and Recommendations					★													
Phase III: Implementation of Recommendations							★		★		★							
Phase IV: Current State Assessment																	★	
Repeat as Necessary																		→

## ▶ Exercise: Create a Project Timeline for Your Project

	Week																	
Project Task	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18

If the time frame is not appropriate for your project, create a similar timeline of your own.

Sources: Heerkens GR. *Project Management*. McGraw-Hill: 2002; Sg2 Analysis, 2008.

## Step 7: Establish Baseline Data

You will need reliable data to achieve a solid understanding of the starting point and to determine the most significant areas for improvement. Physician input on what data are needed is critical.

### ■ Overcome Doubt of the Data

Data collection is still in its infancy in many areas and often will be imperfect. Do not let this derail the collaborative improvement process. Progress can still be made by gaining trust in general data trends. Ensure you can answer the following questions about the data to assure physicians of their reliability:

- Over what time frame were the data collected?
- What method was used to collect the data?
- Were standard definitions used so that all data were collected the same way?
- Is the sample size large enough to be meaningful?

### ■ Identify the Appropriate Data

The CV service line manager at Sg2U Hospital asked himself the following questions to collect the appropriate data and ensure their reliability.

Example: Data Identification for DTB Project

Question	Answer
What data are necessary to understand the current state?	<ul style="list-style-type: none"> <li>■ Historic DTB times</li> <li>■ Process steps, starting with identification of a STEMI patient</li> <li>■ Times for each step of the process</li> </ul>
What can be done to convince physicians of the data's reliability?	<ul style="list-style-type: none"> <li>■ Regular audits to verify data input accuracy and output quality</li> </ul>
How will the data persuade upper management and physicians that this project is worth undertaking?	<ul style="list-style-type: none"> <li>■ Identification of bottlenecks to allow a targeted approach                             <ul style="list-style-type: none"> <li>– Focus on specific areas that will maximize DTB time improvements for the amount of effort invested.</li> </ul> </li> <li>■ Improved DTB times and quality of patient care to prove that this is a worthwhile initiative</li> </ul>

### ▶ Exercise: Identify the Appropriate Data for Your Project

Question	Answer
What data are necessary to understand the current state?	
What can be done to convince physicians of the data's reliability?	
How will the data persuade upper management and physicians that this project is worth undertaking?	

Project Collaboration

## Step 8: Evaluate Progress and Anticipate Roadblocks

Meetings are an integral part of any team-oriented project. They are held to provide a status update, to make a decision or develop a solution as a group, to seek buy-in from others on a decision or to gather opinions from the group. Be sure that each meeting has a purpose, as pointless meetings lead to lost momentum.

Strategies for running an effective meeting include:

- Establish meeting dates and times in advance to account for busy schedules.
- Send out an agenda before the meeting.
- Start and end the meeting on time.
- Keep the group focused on the meeting objectives.
- Follow up each meeting with brief notes that document next steps and any action items due by the next meeting.

### ■ Regularly Evaluate Progress

The service line manager from Sg2U Hospital found that the best way to maintain project momentum was to regularly review the progress made and document the next steps in the process. Regularly scheduled progress updates provided a steady flow of information to the team and helped maintain communication.

Example: Progress Evaluation of DTB Project

Agenda	Project Update
<b>Review Progress Against Timeline</b>	Budgetary constraints have delayed the purchase of 12-lead ECGs for EMS.
<b>Discuss How to Overcome Setbacks</b>	The budget will not be available for 12-lead ECGs for 4 weeks. The team will temporarily shift its focus to other areas of the process.
<b>Adjust Timeline if Necessary</b>	The delay due to budgetary constraints can be partially offset by focusing efforts on other areas. However, the timeline will need to be extended 2 weeks to successfully complete the project.

### ▶ Exercise: Regularly Evaluate Progress for Your Project

Agenda	Project Update
<b>Review Progress Against Timeline</b>	
<b>Discuss How to Overcome Setbacks</b>	
<b>Adjust Timeline if Necessary</b>	

Sources: Heerkens GR. *Project Management*. McGraw-Hill: 2002; Sg2 Analysis, 2008.

Project Collaboration

# Step 8: Evaluate Progress and Anticipate Roadblocks (Cont'd)

Navigate roadblocks to minimize the number of setbacks and their impacts that occur during the project.

## ■ Identify Potential Roadblocks

The group from Sg2U Hospital realized that many issues could limit the success of their DTB project. They proactively identified these roadblocks and developed ways to avoid them.

### Example: Potential Roadblocks of DTB Project

Potential Roadblocks	Ways to Avoid Setbacks
<b>Resistance to Change</b>	<ul style="list-style-type: none"> <li>■ Clarify why this initiative is worth the effort and provide evidence to support the need for change.</li> <li>■ Appeal to participants' values and best motives for patient care improvement.</li> <li>■ Challenge your team to operate outside of their comfort zones.</li> </ul>
<b>Disputes Among Team Members</b>	<ul style="list-style-type: none"> <li>■ Commit to an unwavering focus on the patient and patient outcomes.</li> </ul>
<b>"Scope Creep"</b>	<ul style="list-style-type: none"> <li>■ Stay focused on the steps associated with treating a STEMI patient and avoid unrelated distractions.</li> </ul>
<b>Poor Team Communication</b>	<ul style="list-style-type: none"> <li>■ Get commitment from the team to attend key meetings.</li> <li>■ Be wary of email, which often results in miscommunication.</li> <li>■ Hold brief face-to-face updates and provide 1-page handouts to update the team between meetings.</li> </ul>
<b>Poor Communication With Interested Parties Outside the Team</b>	<ul style="list-style-type: none"> <li>■ Designate a liaison within the team to communicate to interested parties outside the team.</li> </ul>

## ▶ Exercise: Identify Potential Roadblocks for Your Project

Potential Roadblocks	Ways to Avoid Setbacks

What roadblocks have been encountered during past projects? How can these roadblocks be overcome/avoided for the current project?

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Project Collaboration

# Step 9: Communicate Project Results and Next Steps

All impacted parties should be informed of the recommendations and their basis, and how the suggested changes will impact their work. If the project did not achieve its desired goals, it is still important to share results to maintain transparency. State why the goals were not achieved and what will be done to achieve them in the future.

## ■ Report Project Outcomes

After the DTB project was completed, the recommendations were discussed with everyone affected. They were not presented as commands but rather as discussion points to explain why and how decisions were made. Everyone had the opportunity to make suggestions for further improvement. Because the reasoning behind the recommendations was explained, they were more readily accepted.

Example: Report of DTB Project Outcomes

Key Questions to Address	Project Results
<p><b>Has the outcome met the project’s objectives? If not, what else needs to be done?</b></p>	<ul style="list-style-type: none"> <li>■ DTB times have been reduced to an average of 85 minutes. More than 90% of STEMI patients now have a DTB time of ≤90 minutes.</li> <li>■ Strategies implemented include the following:                             <ul style="list-style-type: none"> <li>– EMS performs a 12-lead ECG en route.</li> <li>– ED activates the catheterization lab while the patient is en route.</li> <li>– A universal pager is established to activate the catheterization team.</li> </ul> </li> </ul>
<p><b>How will this impact everyone’s day-to-day work?</b></p>	<ul style="list-style-type: none"> <li>■ The process for treating STEMI patients has changed significantly. All team members need to be trained in the new process.</li> </ul>

## ► Exercise: Report Outcomes of Your Project

Key Questions to Address	Project Results
<p><b>Has the outcome met the project’s objectives? If not, what else needs to be done?</b></p>	
<p><b>How will this impact everyone’s day-to-day work?</b></p>	

### Conduct a Post-Project Review

What worked well during this project?

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What were some challenges during this project and how were they overcome?

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What can be improved for future projects?

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Sources: Heerkens GR. *Project Management*. McGraw-Hill: 2002; Sg2 Analysis, 2008.

Post-Project

# Step 10: Track Metrics to Ensure Long-Term Success

Sustaining change is the last step. Implemented changes need to become routine and a culture of change must be established to secure ongoing improvements. The key to continuous improvement is to develop a common language and standard approach to problem solving.

## ■ Identify Ways to Track and Improve Upon Results

Example: Metrics for Tracking and Improving DTB Project Results

Key Metrics	Long-Term Goals
<b>What data are necessary to track the ongoing success of a project?</b>	<ul style="list-style-type: none"> <li>■ Ongoing DTB times are tracked.</li> <li>■ More detail is necessary for cases in which DTB time exceeds 90 minutes (eg, times for each step in the process).</li> </ul>
<b>How often should the data be reviewed with the group?</b>	<ul style="list-style-type: none"> <li>■ Data are presented to the group on a quarterly basis when DTB times remain acceptable.</li> <li>■ If the DTB time for a case exceeds 90 minutes, the group is convened within a week to review.</li> </ul>
<b>How can ongoing feedback be solicited from the group?</b>	<ul style="list-style-type: none"> <li>■ The group convenes on a quarterly basis to assess the process and actively brainstorm about ways to make further improvements.</li> <li>■ The service line manager maintains a close relationship with those associated with the CV service line and proactively seeks input on ways to improve.</li> </ul>

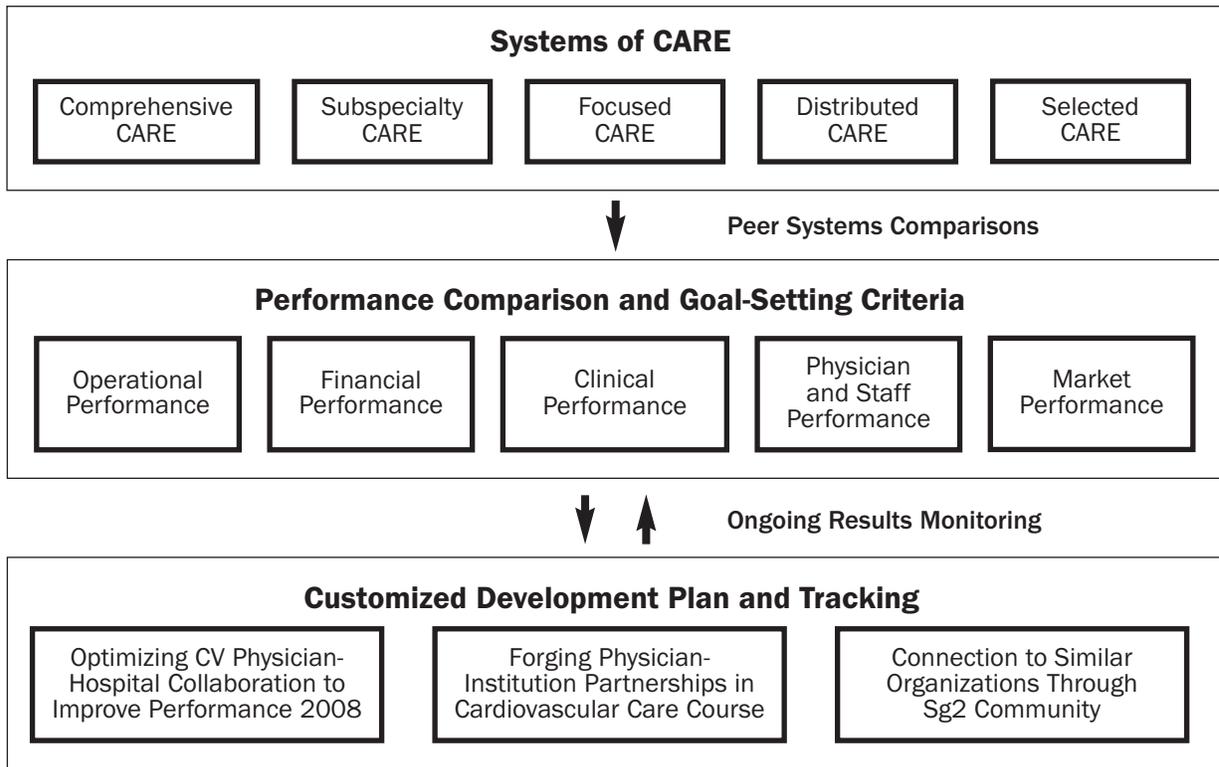
## ► Exercise: Identify Ways to Track and Improve Upon Results for Your Project

Key Metrics	Long-Term Goals
<b>What data are necessary to track the ongoing success of a project?</b>	
<b>How often should the data be reviewed with the group?</b>	
<b>How can ongoing feedback be solicited from the group?</b>	

## Measure Your Progress in Achieving Collaboration

As with any dedicated effort, physician and staff collaboration must be measured over time. The Sg2 Integrated Performance System (Sg2 IPS) tracks integration and performance over time.

Organizations can use Sg2 IPS to compare themselves with other institutions in a similar System of CARE (Clinical Alignment and Resource Effectiveness). Peer comparisons and Sg2 expert-identified leading practices combine to establish performance enhancement goals. Sg2's comparative process focuses on organizations' performance in 5 core areas: operational, financial, clinical, physician and staff, and the market.



### ■ Wide Range of Physician and Staff Alignment Topics Are Monitored

The following physician and staff alignment topics are monitored on an ongoing basis:

- Physician satisfaction survey results
- Primary care physician referral rate of CV patients
- Dedicated vs “splitter” physicians
- Physician involvement in program initiatives
- Physician participation in financial alignment strategies
- Physician recruitment efforts
- Stability of medical staff
- Staff incentive structures
- Nurses satisfaction, turnover and vacancy rates
- Provision of billing services/support for non-salaried physicians





## **Anticipate the Impact of Change**

Sg2's analytics-based health care expertise helps hospitals and health systems integrate, prioritize and drive growth and performance across the continuum of care. Over 1,200 organizations around the world rely on Sg2's analytics, intelligence, consulting and educational services.

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